

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026329
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

333

FILED AUG 6 1962

1. PLACE OF DEATH

a. COUNTY

Cape

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Ill.

b. COUNTY Alexander

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Cape Girardeau

Length of stay in lb

1 mo 2 da.

c. CITY

OR
TOWN

Cache

Inside Limits

Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

St. Francis

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)
Rd. Dist. #2

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
LUCILLEMiddle
CARROLLLast
PORTER4. DATE
OF
DEATHMonth
JulyDay
27Year
1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3/25/1895

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Postmistress

10b. KIND OF BUSINESS OR INDUSTRY

U.S. Post Office

11. BIRTHPLACE (City and state or country)

Cairo, Ill.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

B. Carroll

13b. MOTHER'S MAIDEN NAME

Anna Burns

14. NAME OF HUSBAND OR WIFE

John C. Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address 608-34th St.

Eleanor L. Bradley Cairo, Ill.

18. CAUSE OF DEATH (Enter only one cause per line

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

Metastatic carcinoma of stomach
Carcinoma of stomach

INTERVAL BETWEEN

ONSET AND DEATH

3 mo

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY

PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

Month, Day, Year

a.m.
p.m.

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 5, 1962 to July 27, 1962 and last saw her alive on July 27, 1962
Death occurred at 8 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Mehem C. Kasten, M.D.

22b. ADDRESS

937 Broadway Ave. Charleston, Mo.

22c. DATE SIGNED

7-31-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

7/30/62

23c. NAME OF CEMETERY OR CREMATORY

Cairo City Cemetery

23d. LOCATION (City, town, or county)

Villa Ridge

(State)

Ill.

24. FUNERAL DIRECTOR

ADDRESS

Cairo, Ill.

25. DATE RECD. BY LOCAL REG.

Aug. 3-62

26. REGISTRAR'S SIGNATURE

Gene Kasten

Berbling-Karcher Funeral Home

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

WILLIAM C. PORTER

WILLIAM C. PORTER

WILLIAM C. PORTER

WILLIAM C. PORTER

DOCUMENT

BY AFFIDAVIT OF Informant

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

6168

291202

3

4 1

5 2

6

7 1

8 2

9 151X

10

11

12 2-0

13 1-0

AUG 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address

Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.